

<div style="display: inline-block; width: 100%;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center; flex-grow: 1;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> </div> <div style="text-align: right; width: 20%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">SERIAL NO.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">FILING DATE</div> </div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;">APPLICANT(S)</div> </div>																					
CLAIMS																					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP			IND		DEP			IND		DEP	
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TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←		←		←		←		←	
TOTAL CLAIMS	[ ]		[ ]		[ ]		TOTAL CLAIMS	[ ]		[ ]		[ ]		[ ]		[ ]		[ ]		[ ]	